

APPLICATION FOR APPROVAL of REVISION

Please complete form electronically, print out and submit signed copy, along with required study documents. Application and related materials may be forwarded to the IRB chair electronically but must be followed by a signed hard copy.

Date of Application:
Title of study:
Date of most recent OOC IRB Approval:
DMHAS Study ID Number:
Principal investigator:

Type of Revision

Please describe revision and provide rationale:

Attachments

- ☐ Revised IRB application/protocol is attached
 - ☐ Revision does not affect IRB application/protocol
- ☐ Revised consent form or other study forms is attached
 - ☐ Revision does not affect any study forms

Note: please highlight, underline or otherwise clearly identify proposed changes and note revision date on material(s) where applicable. Please also include a clean copy of the revisions for IRB approval stamp.

Principal Investigator – Signature

Date